**CLINICAL FIELD TRAINING STUDENT EVALUATION FORM**

**STUDENT NAME SURNAME :**

**STUDENT NUMBER :**

**TEACHING STAFF :**  [**INSTITUTION**](http://tureng.com/tr/turkce-ingilizce/institution)**NAME :**

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|  | **EVALUATION CRITERIA** | **SCORE** |
| 1 | Communication with patient /client and patient/client training |  |
| 2 | Diet analysis and diet planning |  |
| 3 | Anthropometric measurement |  |
| 4 | Literature screening and do research on current topics |  |
| 5 | On a specific topic related to the field preparation of sample texts for newspapers, magazines and webs etc. |  |
| 6 | Carrying out tasks and responsibilities. |  |
| 7 | Compliance with the rules of the institution, disposition of costumes |  |
| 8 | Harmonization with working hours |  |
| 9 | Participation/ absenteeism compliance |  |
| 10 | Team work and communication with other health personel |  |
| **TOTAL SCORE** | |  |

\* Each criteria will be evaluated over 10 points.

\*\*In case you think there are other skills which student should have or improve besides above mentioned skills, please specify:

**This form has been filled out by:**

**Name and Surname:**

**Title:**

**Date / Signature / Seal:**

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